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APPLICANTS

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** CONTINUING DATA ***** *None JAC 12/5/05*** FOREIGN APPLICATIONS ***** *None JAC 12/5/05*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/26/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 6	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged	<i>JAC 12/5/05</i> Examiner's Signature	Initials			

ADDRESS

000293
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TITLE

Foam dispenser

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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